									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003								10/785174					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OB	OTHER THAN		
TOTAL CLAIMS			15			•	:	RATE	FEE	٦ ٔ	RATE	FEE	
FOR .			NUMBER FILED		NUM	BER EXTRA	٠	BASIC F	EE 385.00	OR			
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		•	0		XS 9=		OR	XS18=		
INDEPENDENT CLAIMS			/ minus 3 =		•	0		X43=	1.	OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	-	OR	+290=		
- 11	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	_	
CLAIMS AS AMENDED - PART II								TOTAL	385	104	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	SMALL		
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 2	Minus	- 2	28	2		X\$ 9=		OR	X\$18=		
ME	Independent	• /	Minus	(:	3	=		X43=		OR	X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		000		
	-						L	+145=		OR	+290=		
	•	(Caluma 4)		10 - 1	-		A	DDIT. FEE		JOR ,	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	_			, ,			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	• '	Minus	••		=		X\$ 9=		OR	X\$18=	•	
E	Independent	NTATION OF MIL	Minus	SENDENT (CL AIM	-	I	X43= ·		OR	X86=		
_1	THO THESE	TOTALION OF MIC		·	CAIM			+145=		OR	+290=		
							· AI	TOTAL		OR ,	TOTAL DOIT, FEE		
(Column 1) (Column 2) (Column 3)								.· ·					
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	-	HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		:	Γ	X\$ 9=	/	OR	X\$18=		
ME	Independent		Minus	***		=	十	X43=		. I	X86=		
`	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	MIAL		-	,\ -\ 0		OR	~00≥		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS Id For IN THIS	SPACE IS IN	ess than ess than	20, enter "20."		TOTAL DIT. FEE I in the ap	propriate box		TOTAL DOTT. FEEL mm 1.		